

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective January 1, 2003

Application or Docket Number

98-98-292

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 8            |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 8 minus 20 = | * 0                      |
| INDEPENDENT CLAIMS               | 2 minus 3 =  | * 1                      |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | FEES   | RATE         | FEES   |
| BASIC FEE | 375.00 | OR BASIC FEE | 750.00 |
| X\$ 9 =   |        | OR X\$18 =   |        |
| X42 =     |        | OR X84 =     |        |
| +140 =    |        | OR +280 =    |        |
| TOTAL     |        | OR TOTAL     | 277    |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  | Total                                     | Minus | **  | =                        |
| Independent                                    |   | Minus | ***   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9 =          |                        | OR X\$18 =          |                        |
| X42 =            |                        | OR X84 =            |                        |
| +140 =           |                        | OR +280 =           |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  | Total                                     | Minus | **  | =                        |
| Independent                                    |   | Minus | ***   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9 =          |                        | OR X\$18 =          |                        |
| X42 =            |                        | OR X84 =            |                        |
| +140 =           |                        | OR +280 =           |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|-------|---|--------------------------|
|  | Total                                     | Minus | **  | =                        |
| Independent                                    |   | Minus | ***   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

|                  |                        |                     |                        |
|------------------|------------------------|---------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9 =          |                        | OR X\$18 =          |                        |
| X42 =            |                        | OR X84 =            |                        |
| +140 =           |                        | OR +280 =           |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.